

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent # <u>10/519087</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/> Filing		1	<u>10/23/04</u>							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND	<u>\$ 100</u>							
8 TO BE REFUNDED BY:										
<input checked="" type="checkbox"/> 10 REASON:		Treasury Check								
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		<u>9</u> <table border="1"><tr><td>5</td><td>0</td><td>--</td><td>0</td><td>3</td><td>1</td><td>0</td></tr></table>		5	0	--	0	3	1	0
5	0	--	0	3	1	0				
No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>								
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9940</u>								
OFFICE: <u>PCT</u>										
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APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
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